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by Anonymous User 12/20/2020 1:04:07 AM (Ethics Form)



## Ethics Disclosure Form

**First Name \***

Tina

**Last Name \***

Ridler

**Position Held \***

Board/Commission Member

**Personal / Work Email**

tinamridler@gmail.com

**Address \***

Street Address

4857 16th Ave NW

Address Line 2

City

Rochester

Postal / Zip Code

55901

State / Province / Region

MN

Country

United States

**Are you employed by the City of Rochester? \***

- ☐ Yes  
☒ No

**Do you serve on a volunteer Board/Commission? \***

- ☒ Yes  
☐ No

### City of Rochester Volunteers

**Name of Board/Commission On Which You Serve Or Are Date Appointed Or Date Application Was Filed For Seeking Appointment \***

Civic Music Board

**Position \***

12/8/2020

For the next set of questions, the word "interest" means:

- a substantial financial interest through your ownership of stocks, bonds, notes or other securities;
- your holding of more than five percent of the capital stock of a corporation;
- your membership or participation in a limited liability company, subchapter S corporation, partnership, association, enterprise, business, or firm;
- interest arising from blood or marriage relationships or close business or political association or other personal relationships.

The phrase "doing business" means:

- engaged in any contractual relationship with the City;
- making application for such relationship;
- for any relief or benefit available from the City including, but not limited to, variance, permit, license or plat approval.

**Do you have any interests in real property in Rochester other than your homestead? \***

- ☐ Yes  
☒ No

**Do you have any interest in a business doing business with the City? \***

- ☐ Yes  
☒ No

**Do you have any interest in a business located within, or doing business in, the City. \***

- ☒ Yes  
☐ No

**Please list any interest you have in any business located within, or doing business in, the City.\***

I am the owner of Purple Sage Wellness 3270 19th St NW Rochester 55901

**List any and all employment.\***

Owner/Therapist at Purple Sage Wellness

**Are you a member of a community, civic, or nonprofit organization?\***

☐ Yes

☒ No

**Signature\***

A handwritten signature in cursive script that reads "Tina M Ridler". The signature is written in black ink on a light gray rectangular background.

**Date\***

12/20/2020